13000120369

(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ity/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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INSTRUCT OF STATE

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COVER LETTER

TO: Registration S Division of Co			
	A CLEANING & CONSTRUC	TION LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NICHOLAS R FANELLA		
		Name of Person	
	PROFESSIONAL OFFICE		
		Firm/Company	
	434 TANGLEWOOD DR		
	هم بردانه او در ^{و هم سا} ه و داره و در	Address	
	FORT WALTON BEACH	FL 32547	
		City/State and Zip Code	
	NFANELLA@COX.NET		
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	all:	
NICHOLAS R FANELLA		850 862-7131 at () Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROSAURA CLEANING & CONSTRUCTION LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on $\frac{08/26/2013}{}$ and assigned				
Florida document number L13000120369					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
ROSAURA CLEANING LLC					
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	802 OAKRIDGE RD				
Principal office address MUST BE A STREET ADDRESS)	FORT WALTOIN BEACH FL 32547				
Enter new mailing address, if applicable:	802 OAKRIDGE RD				
Mailing address MAY BE A POST OFFICE BOX)	FORT WALTON BEACH FL 32547				
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City Zip Code				

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EVELYN S TRUJILLO HERNAN	802 OAKRIDGE RD	∃ Add
		FORT WALTONB BEACH FL 32:	□ Remove
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tive date, if other than the da ffective date is listed, the date must b	e specific and	l cannot be pric	or to date of fil	ng or more than	90 days aft		g.) Pursu	
If the date inserted in this block ment's effective date on the Department.				ry filing requir	ements, th	nis date	will n	ot be listed
ecord specifies a delayed e		late, but n	ot an effe	tive time, a	t 12:01	a.m.	on th	ne earlie
e 90th day after the recon	a is filed.					_ <u></u>	<u>्र</u> कर	
DECEMBER 12,		2016				22		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00